



**COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
17555 PEAK AVENUE
MORGAN HILL, CA 95037
(408) 779-7241**

For Office Use Only

Date Submitted _____
Permit # _____
Plan Check Fee _____
GPA Fee – 5% _____
Total Fees _____

BUILDING PERMIT APPLICATION WORKSHEET
PLEASE PRINT CLEARLY

SITE INFORMATION

BUILDING ADDRESS _____ Suite # _____
Assessors Parcel # _____ Subdivision Tract # _____
Geological Area: ☐ Yes ☐ No Flood Zone: ☐ Yes ☐ No
Lot # _____

PEOPLE ASSOCIATED WITH PROJECT

PROPERTY OWNER:

Name _____
Mailing Address _____
City / State / Zip _____
Phone Number (____) _____
Fax Number (____) _____
☐ Owner / Builder ☐ Owner w/ Contractor

BUSINESS OWNER / TENANT:

Name _____
Mailing Address _____
City / State / Zip _____
Phone Number (____) _____
Fax Number (____) _____
(Written approval from property owner will be required)

ARCHITECT / DESIGNER:

Name _____
Mailing Address _____
City / State / Zip _____
Phone Number (____) _____
Fax Number (____) _____
License # _____ Expiration Date: _____

ENGINEER:

Name _____
Mailing Address _____
City / State / Zip _____
Phone Number (____) _____
Fax Number (____) _____
License # _____ Expiration Date: _____

CONTRACTOR:

Name _____
Mailing Address _____
City / State / Zip _____
Phone Number (____) _____
Fax Number (____) _____

State Lic.# & Class (Proof Required) _____
Expiration Date: _____
City Business License # _____
Expiration Date: _____
Workers Compensation Policy # _____
Expiration Date: _____

(A certificate of insurance for workers' compensation is required prior to issuance)

PROJECT INFORMATION

DESCRIPTION OF PROPOSED WORK: _____

CONSTRUCTION VALUATION \$ _____

Commercial Floor Area _____ (sq ft)
Residential Floor Area _____ (sq ft)
Garage Floor Area _____ (sq ft)
Deck _____ (sq ft)
Porch _____ (sq ft)
Patio _____ (sq ft)
Accessory Structure _____ (sq ft)

Number of Units _____
Number of Bedrooms _____
Stories _____
Type of Construction _____
Occupancy Group _____
Grading Cubic Yards Cut _____ Fill _____

CHECK APPLICABLE

| | | | | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Duplex | <input type="checkbox"/> Apt | <input type="checkbox"/> Condo | <input type="checkbox"/> Accessory Structure |
| <input type="checkbox"/> New | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair | <input type="checkbox"/> Demolition | <input type="checkbox"/> Grading | <input type="checkbox"/> Site Development |
| <input type="checkbox"/> Building | <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Combo | <input type="checkbox"/> Re-Roof | <input type="checkbox"/> Pool / Spa |

ELECTRICAL PERMIT

No. Receptacles/Outlets: _____ No. Switches: _____ No. Lighting Fixtures: _____ ☐ Sub Panels: _____ No.

☐ Services Meter Upgrade: _____ Amps ☐ Temp Power ☐ Temp Power Pole ☐ Disconnect ☐ Irrigation Meter Pedestal

☐ Spa ☐ Motors ☐ Illuminated Sign ☐ Other _____

MECHANICAL PERMIT

☐ Furnace: Under 100,000 Btu's / Over 100,000 Btu's ☐ Heat Pump ☐ Condensing Unit ☐ Coil ☐ Fan / Hood / Ducts

PLUMBING

☐ Re-pipe Fixtures: _____ No. Sinks _____ No. Tubs _____ No. Showers _____ No. Toilets _____ No. Traps

☐ Water Heater ☐ Water Service or Main ☐ Back Flow ☐ Gas Test ☐ Gas Line: _____ No. Outlets ☐ Gas Meter Upgrade

☐ Building Sewer ☐ Sewer Drain ☐ Sewer Lateral ☐ Roof Drain ☐ Storm Drain ☐ Other: _____

Note: Additional Commercial Plumbing Maybe Be Subject To Public Works Fees

RE-ROOF

☐ Comp. Conversions ☐ Steel Tile Conversion ☐ Concrete Tile Conversion ☐ Wood Shake Med. Fire Treated

☐ Comp. Overlay ☐ Steel Tile Overlay ☐ Tar & Gravel ☐ Wood Shake Hev. Fire Treated

Are skylights being installed? ☐ Yes ☐ No

Type of Roof Being Removed _____ Type of Roof Being Installed _____ Number of Squares _____

Life Time of Roof: **20yr 25 yr. 30yr. 40yr. 50yr./Lifetime** Pound of Felt _____ Sheathing Thickness _____

Note: Class A Roof is Required For Any Home(s) Inside the Fire Zone
(For Fire Zone information please contact the Building Division)

PLAN CHECK RESPONSES TO BE SENT TO (Please check only one)

☐ Owner ☐ Architect / Designer ☐ Engineer ☐ Contractor

Print Name _____ Signature _____ Date _____

FOR OFFICE USE ONLY**FEES:**

| | | | | | |
|------------------------------|-------|------------------------------|-------|--------------------------|-------|
| Building Permit | _____ | Counter Plan Check | _____ | Burrowing Owl | _____ |
| Additional Plan Check | _____ | GPA Fee 5% - Review | _____ | TDC | _____ |
| Electrical | _____ | Microfilm | _____ | Bus. Lic. Review | _____ |
| Mechanical | _____ | Investigation/Red Tag | _____ | Bus. Lic. Renewal | _____ |
| Plumbing | _____ | Copies | _____ | Other | _____ |
| GPA Fee - 5% | _____ | Addressing | _____ | | |
| Seismic | _____ | Geotechnical | _____ | | |

TOTAL FEES: _____